



Summary of Benefits
Commonwealth
of Massachusetts
Retirees with
Medicare A&B

Health New England: What's In It For You?

We're glad you asked. We appreciate the opportunity to introduce our health plan, explain what makes us unique, and show you how we bring value.

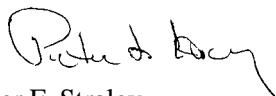
I believe we have a lot to offer:

- Access to quality health care coverage from credentialed physicians and facilities.
- Round-the-clock emergency care.
- Referral-free access to most in-plan specialty care.
- Coverage for most prescription drugs, available at more than 100 pharmacies throughout western Massachusetts.
- Courteous, helpful Member Services representatives ready to answer your questions, respond to your needs and concerns, and help you make the most of your plan.

Most important, we offer sincere, genuine interest in your care. Our company was born and raised in western Massachusetts. We're your neighbors – your care is rendered here, your claims are processed here, and, most important, your questions and concerns will be addressed here in our community. We have Health New England health care coverage too, so we know how important it is to have someone "on the inside" to help you.

I invite you to read on for more details. If you have any questions, please feel free to call Member Services at 413-787-4004 or 800-310-2835. Our staff is available Monday-Friday, 8 a.m.-5 p.m.

We would be happy to help you.



Peter F. Straley
President & CEO

We're here. When you need us.

Most people don't think about their health insurance — until they need it. That's why we work hard to try to make things easy, whether you're getting a routine checkup, filling a prescription, or need emergency care.

Our plans offer all those services and more. Choose Health New England if you want:

☐ **Access to quality care, close to home.**

We work with more than 1,200 local, independently practicing physicians as well as many of the area's finest hospitals. Every two years, we review our plans physicians' board certification, education, credentials, and experience to verify they meet quality standards. In addition, we have agreements with affiliated hospitals and facilities outside our service area that provide treatment and services when medically necessary and authorized by HNE.

☐ **Broad coverage at predictable costs.**

You're covered for preventive care such as periodic health exams, routine childhood immunizations, well-child care, and more. Your benefits include emergency care, no matter where you are, 24 hours a day. We cover most prescription drugs, available at a pharmacy close to home. For covered services such as doctor visits and emergency room visits, you pay only the copayments for specific services outlined in this summary.

☐ **A Primary Care Physician to manage your care.**

You'll choose your own Primary Care Physician from our directory of local internists, family practitioners and pediatricians. Your doctor is available 24 hours a day to coordinate your care, provide advice and direction, refer you to specialty care, and manage follow-up treatment.

You may select any PCP, except those who have notified HNE that they no longer accept new patients. Member Services representatives can provide up-to-date information on PCPs in your area. You can even choose a different PCP for each member of your family.

☐ **No referrals for most in-plan specialty services.**

In most cases, when you need to see a specialist, you don't need a referral from your PCP. Just schedule your appointment, present your HNE ID card, and pay your usual copayment. You need referrals for specialty care only when you need the following services: dermatology; allergy-related services from an allergist or otolaryngologist; rehabilitative services of physical, occupational, and speech therapy; cardiac rehabilitation; and reproductive endocrinology. *Certain services and procedures require prior approval. See your member agreement for more details.*

☐ **Easy access to your OB/GYN.**

You also get referral-free access to any OB/GYN plan provider. We cover a range of services, including an annual preventive GYN exam, medically necessary evaluations and services for GYN conditions, and maternity care.

☐ **Eye care exams: Coverage from head to toe.**

You're covered for annual vision screenings from any plan ophthalmologist or optometrist. We also cover medically necessary eye care services from plan ophthalmologists without a referral.



On June 6, 2003, Health New England was awarded Excellent Accreditation from the National Committee for Quality Assurance (NCQA). This accreditation status applies to HNE's HMO and POS products.

☐ **Simplicity and convenience.**

- There are no claim forms to submit.
- You have toll-free access to knowledgeable, friendly Member Services representatives who can help you access the benefits you are entitled to.
- You can take advantage of The Language Line[®], an interpreter and translation service, if you feel more comfortable speaking a language other than English.
- You may change your PCP for any reason, and we'll make sure the change takes effect the next business day after you contact us — whether it's by phone, e-mail, or a visit to our offices in downtown Springfield.

☐ **Special wellness benefits.**

Of course, you have access to the care you need when you get sick — but we also want to help you stay safe and healthy. That's why we offer special programs to help members manage chronic conditions such as asthma and diabetes.

☐ **Complementary care through Healthy Alternatives.**

Take advantage of a wide variety of complementary health care programs, including:

- 25 percent off services from participating chiropractors, acupuncturists and massage therapists throughout Massachusetts and Connecticut.
- Access to 145 fitness clubs participating in the International Fitness Club Network.
- Online resources that include a directory of complementary health care providers, a library of educational information on complementary health care and a catalog of over 1,000 health and wellness products. Just visit healthnewengland.com and follow the links to healthyroads.com.

Healthy Alternatives is offered by Health New England and administered by American Specialty Health Networks. For a complete packet of information, call ASHN Member Services toll free at 877-327-2746, Monday-Friday 8 a.m. - 11 p.m. or Saturday 9 a.m. - 6 p.m. (ASHN is closed on Sundays.)

☐ **Additional discounts through HNEPlus.**

Health New England has teamed up with local businesses to offer discounts on a variety of products and services — art lessons, feng shui, yoga, and more. Your HNE ID card is your passport to savings!

☐ **Savings on child care and elder care services.**

HNE is proud to offer two exclusive programs:

- A 5 percent discount on infant, toddler, preschool and kindergarten care at Springfield Day Nursery.
The program covers:
 - Care at nine Springfield Day Nursery Children's Centers in Springfield, East Longmeadow, and West Springfield.
 - Before- and after-school care in four area public schools.
 - Home-based family care in 75 area locations.
Springfield Day Nursery is fully licensed and accredited by the National Association for the Education of Young People and licensed by the Office of Child Care Services.
- Discounts on services from SeniorLink, a national company that helps families manage care of aging parents. Members, their spouses, parents and grandparents are eligible for the services, which include:
 - A 20 percent discount on in-home assessments, helping families develop and implement the best plan to balance health, safety and quality of life for aging parents. Ideally, these assessments take place in the senior's home.
 - A 20 percent discount on care management services, including home care, medication compliance, nutrition, household maintenance, transportation, shopping and bill payment.
 - Free installation of a Lifeline Systems personal emergency response system and a two-month free trial.

HMO SUMMARY OF BENEFIT CHART

This chart provides a summary of key services offered by your HNE plan. Consult your member agreement for a full description of your plan's benefits and provisions. If any terms in this summary differ from those in your member agreement, the terms of the member agreement apply.

Benefit	GIC Medicare Enrolled Retirees
*Out-of-Pocket Maximum per calendar year	Not Applicable
Inpatient Care *(requires HNE's prior approval)	
Acute Hospital Care*	\$0
Skilled Care and Inpatient Rehabilitation* (maximum of 100 days per calendar year)	\$0
Outpatient Preventive Care	
Office Visits	\$10/visit
Routine Physical Exams	\$10/visit
Well Child Care	\$10/visit
Routine Eye Exams (one per calendar year)	\$10/visit
Hearing Tests	\$10/visit
Annual Gynecological Exam	\$10/visit
Mammographic Exam	\$10/visit
Other Outpatient Care	
Specialist Office Visits	\$10/visit
Diabetic-Related Items:	
Outpatient Services (some services require HNE's prior approval)	\$10/visit
Laboratory/Radiological Services (some services require HNE's prior approval)	\$0
Durable Medical Equipment (some DME requires HNE's prior approval)	20% coinsurance
Emergency Room Care	\$50/visit (waived if admitted directly from ER)
Diagnostic Testing (some services are subject to the Outpatient Surgical Services copayment)	
In a Doctor's office	\$10/visit
In All Other Settings*	\$0
Laboratory/Radiological Services (some services require HNE's prior approval)	\$0
Outpatient Short-Term Rehabilitation Services	\$10/visit/treatment type (Covered for 90 days per acute episode, per calendar year.)
Early Intervention Services	\$10/visit (limited to \$5,200 per child per calendar year with a lifetime maximum of \$15,600. Covered for children from birth to age three.)
Outpatient Surgical Services *(some services require HNE's prior approval):	
In a Doctor's Office	\$10/visit
In All Other Settings*	\$0
Second Opinions	\$10/visit
Allergy Testing and Treatment	\$10/visit; \$0 for injection
Family Planning Services and Infertility Treatment	
Outpatient Care	\$10/visit
Laboratory Tests	\$0
Inpatient Care*	\$0
Maternity Care	
Prenatal and Postpartum Care	\$0
Delivery/Hospital Care for Mother and Child* (Coverage for child limited to routine newborn nursery charges. For continued coverage, child must be enrolled within 31 days of date of birth.)	\$0

Benefit	GIC Medicare Enrolled Retirees
Dental Services	
Surgical Treatment of Non-Dental Conditions (requires HNE's prior approval) and Emergency Dental Care:	
In a Doctor's Office	\$10/visit
At an Emergency Room	\$50/visit
In a Hospital or Outpatient Surgical Facility*	\$0
Children's Preventive Dental (you pay the first \$25 per child per calendar year)	Not covered
Other Services	
Home Health Care (requires HNE's prior approval)	\$0
Hospice Services (requires HNE's prior approval)	\$0
Durable Medical and Prosthetic Equipment (some items require HNE's prior approval)	20% coinsurance
Ambulance Transport	\$25/trip
Reconstructive or Restorative Surgery*	\$0
Kidney Dialysis	\$0
Human Organ Transplants* (requires HNE's prior approval)	\$0
Nutritional Support (requires HNE's prior approval)	\$0
Cardiac Rehabilitation	\$10/visit
Scalp Hair Prosthesis (Wigs)	Coverage for wigs is for members undergoing chemotherapy or radiation only. HNE will reimburse the member up to \$350 toward the cost of the wig. Benefit is limited to one wig per complete course of treatment.
Speech, Hearing, and Language Disorders	\$10/visit
Nutritional Counseling (Maximum of two visits per calendar year)	\$10/visit
Mental Health and Substance Abuse Services (requires HNE's prior approval)	
Mental Health Services:	
Inpatient services *	\$0
Outpatient services	All mental health/substance abuse services must be approved in advance by Health New England. \$10/visit
Substance Abuse Services:	
Inpatient Services *	\$0
Outpatient Services:	
For visits 1 - 8	All mental health/substance abuse services must be approved in advance by Health New England (HNE). \$10/visit
For visits 9 - 20	All mental health/substance abuse services must be approved in advance by Health New England (HNE). \$10/visit
Coronary Artery Disease Program	Provided for members with documented coronary artery disease, this program helps participants reduce coronary artery disease risk factors through lifestyle changes. The program must be authorized by your PCP.
Hearing Aids	HNE covers hearing aids at 100% for the first \$500 and 80% for the next \$1,500 per person, every two calendar years.

Benefit	GIC Medicare Enrolled Retirees
Prescription Drugs (certain drugs require HNE's prior approval)	
At a Plan Pharmacy (up to a 30-day supply):	
Generic drugs	\$10
Formulary drugs	\$20
Non-formulary drugs	\$40
Through Mail Order (up to a 90-day supply of maintenance medication):	
Generic drugs	\$20
Formulary drugs	\$40
Non-formulary drugs	\$120

Referrals

If you need certain specialty care, your PCP will coordinate a referral to a plan provider. You need a referral for these services: dermatology; allergy-related services from an allergist or otolaryngologist; rehabilitative services of physical, occupational and speech therapy; cardiac rehabilitation; and reproductive endocrinology. When you need a referral:

- Make sure your doctor completes a pink In-Plan Specialty Referral Form.
- Present the form, along with your copayment, when you visit the specialist.

If you need care that is not available from a plan doctor, you may visit an out-of-plan specialist if HNE approves in advance. Before scheduling an appointment, ask your doctor to submit a request for coverage to HNE. After evaluating the request, we will notify you and your doctor of our decision in writing.

Emergency Services

Your Rights Under the Law

Massachusetts law defines “emergency” as “a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of the insured or another person in serious jeopardy, serious impairment to body function, or serious dysfunction of any body organ or part, or, with respect to a pregnant woman, as further defined in section 1867(e)(1)(B) of the Social Security Act, 42 U.S.C. section 1395dd(e)(1)(B).”

In other words, an emergency is a sudden, unexpected condition or injury that you reasonably believe:

- Endangers your life.
- Could result in serious injury or disability.
- Needs medical or surgical care immediately to prevent death or serious damage to your health (or the health of an unborn child).

All emergencies have two things in common: They pose a serious threat to health and require quick action. Some problems are emergencies because they might become more serious if not treated promptly (such as deep cuts and broken bones). Other emergencies are potentially life threatening, such as heart attack, stroke, poisoning, loss of consciousness, severe bleeding and severe trauma.

Elective or routine care of a minor illness is not considered an emergency. Examples include colds, sore throat, flu-like symptoms, injuries that occurred more than 24 hours before you seek care, and persistent or chronic illness treatable by your doctor.

If you encounter an emergency medical condition which, in the judgment of a prudent layperson, would require pre-hospital emergency services, you can seek treatment and services by:

- Calling the local pre-hospital emergency medical service system.
- Dialing the emergency telephone access number 911, or its local equivalent.

HNE will not discourage any member from using either of these options. In addition, we will not deny coverage for medical and transportation expenses incurred as a result of any emergency medical condition that meets the above definition.

What do I do in an emergency?

If you are in our service area

Call 911 or go to the nearest emergency room right away. If you have time, call your PCP first. Identify yourself as an HNE member and clearly state your symptoms. Your PCP may ask you to go to an emergency room or visit a doctor's office. If you reach an answering service, ask for the PCP (or covering doctor) to return your call. Your PCP or a covering doctor is on call 24 hours a day.

If you are outside our service area

Call 911 or go to the nearest emergency room right away. All plans cover emergency care outside our service area, including foreign countries.

When outside our service area, please follow these guidelines:

- Call Member Services at 800-310-2835 to notify us of emergency services that are **not** received in a hospital emergency room (for example, at a walk-in clinic or doctor's office).
- Once you are medically able to return to the service area, make sure your PCP coordinates all care and that you receive treatment from plan providers.

How Your Prescription Drug Coverage Works

If your plan includes a pharmacy benefit, HNE covers most prescription drugs and a small number of non-prescription drugs and medical supplies that are **medically necessary** for preventive care or treating illness, injury, or pregnancy.

HNE classifies drugs as Brand/Formulary drugs and establishes exclusions and limitations on drug coverage. We rely on input from a team of doctors and pharmacists who are advised by physician consultants from a large number of medical specialties.

Covered prescription drugs are divided into three tiers with different member copayments.

Category	Tier	Description	Level of Member Copayment
<i>Generic</i>	<i>1</i>	<i>Contain the same active ingredients as brand name drugs but are available at a lower cost; reviewed by the Food and Drug Administration to assure the drugs are safe and effective. Massachusetts law requires pharmacists to dispense generic drugs unless your doctor writes "no substitution" on your prescription.</i>	<i>Lowest</i>
<i>Brand/Formulary</i>	<i>2</i>	<i>Trademarked, brand-name drugs selected by HNE based on a review of the relative safety, effectiveness and cost of the many FDA-approved drugs.</i>	<i>Higher than Tier 1; lower than Tier 3</i>
<i>Brand/Non-Formulary</i>	<i>3</i>	<i>Brand name drugs that HNE has not selected as "Brand/Formulary." Includes brand name drugs that have a generic equivalent.</i>	<i>Highest</i>

Generic and Brand/Formulary drugs comprise the HNE formulary. If a covered medication is not in the formulary, it is considered Brand/Non-Formulary. Members still have access to these medications, but at the highest copayment. HNE does not waive or reduce copayments for Brand/Non-Formulary drugs.

HNE does not cover or limits coverage for a small number of prescription drugs to control costs and assure safe, effective use of medications. In some cases, HNE may limit the conditions a drug is prescribed for, and the quantity of the drug that is covered. To obtain a complete list of drugs that are excluded, limited, or require prior authorization, or to obtain a copy of the HNE formulary listing, please call Member Services at 413-787-4004 or 800-310-2835 or visit healthnewengland.com.

What Is Covered

Your prescription drug benefit covers all medically necessary drugs that require a prescription by law, except drugs that HNE excludes or limits. Just present your HNE ID card along with your prescription or refill, and pay the applicable copayment. To find out which pharmacies participate with Health New England, please refer to our Provider Directory or visit healthnewengland.com.

Coverage includes the following prescriptions when medically necessary:

- Refill prescriptions allowed by law and authorized by the prescribing physician.
- Needles and syringes needed to administer covered drugs.
- Oral contraceptives (birth control pills), diaphragms and cervical caps.
- Off-label uses of drugs for treatment of cancer and HIV/AIDS.
- Compounded prescriptions, as long as one or more agents within the compound require a prescription.
- Insulin, nicotinic acid, and blood and urine diabetic testing strips when prescribed by an HNE provider.

Your Copayments

Copayments are the amounts you pay when you order or receive covered medications. The copayments are listed on your member ID card. If the copayment is more than the retail price of a drug, you pay the retail price*. Except as noted below, each copayment covers up to a 30-day supply of a prescription or refill. If your physician prescribes less than a 30-day supply of a medication, a full copayment applies. HNE may limit the amount of a drug available per 30-day period. In this case, each copayment applies to a 30-day supply as limited by HNE.

Member copayments for mail service may differ from your standard prescription copayments. Health New England's mail service copayment covers up to a 90-day supply of a prescription or refill. For more information on mail service coverage see "Mail Service Prescriptions."

** Retail prices for drugs may vary from pharmacy to pharmacy. Please ask your pharmacist if the retail price of your drug is less than the applicable copayment.*

Exclusions and Limitations of Coverage

HNE does not cover:

- Drugs that are not medically necessary for preventive care or treating illness, injury or pregnancy.
- Drugs that HNE specifically excludes, including, but not limited to, drugs for cosmetic purposes.
- Drugs exceeding HNE coverage limits, which we may place on either the quantity of a drug or the medical conditions for which a drug may be prescribed.
- Non-prescription items, other than those specifically listed previously.
- Drugs that have not been approved by the FDA. (HNE excludes all recently approved drugs, except generic drugs, for the first six months after FDA approval.)
- Prescriptions written by providers who are not authorized to do so by HNE.
- Drugs prescribed as part of a course of treatment that HNE does not cover.
- Prescriptions filled at out-of-plan pharmacies, except in certain instances when you are outside the HNE service area (see below).
- Drugs that must be administered by a health care professional. These drugs may be covered through the provider but may not be purchased by a member.

Drugs Purchased Outside the HNE Service Area

While you are outside the HNE service area, you may obtain prescriptions at any pharmacy that participates in our national network. If there is no participating pharmacy available, you may obtain prescriptions at an out-of-plan pharmacy only for treatment of an unforeseen illness or injury. In most cases, you will have to pay the full costs for drugs and request reimbursement. We describe claims procedures in your membership materials; you may also call Member Services at (800) 310-2835. HNE will pay eligible claims (limited to usual, customary and reasonable charges) minus your copayment.

Mail Service Prescriptions

You may obtain a 90-day supply of maintenance drugs through an HNE participating mail order supplier. In general, a medication is classified as “maintenance” if it: 1) is used for chronic illnesses such as asthma, allergies, high blood pressure, etc.; and 2) has been obtained by prescription at least twice at a participating pharmacy. Each copayment applies to a 90-day supply or less. The quantity of drugs in a 90-day supply is based on normal dosages. See your membership materials for more information. The following items may not be purchased through the mail service:

- Compounded medications requiring the mixing of drugs by a pharmacist.
- Any drugs for which mail service is prohibited by law.
- Prescriptions for which a 90-day supply may not be appropriate as determined by HNE.
- Narcotics.
- Injectables.
- Medications that require prior approval (see your membership materials for a list).
- Medications with quantity limits.

Questions and Answers

Do I have to fill out claim forms?

No. Whenever you visit your Primary Care Physician or a plan provider, just present your HNE ID card and pay your copayment. We work with your provider to take care of the rest.

Will I receive bills for services?

Generally, you will not receive bills for covered services from plan providers. If you do, first check to see if the bill lists copayments or charges for non-covered services, which you pay. If you are unable to determine why you received a bill, call Member Services at 413-787-4004 or 800-310-2835, 8 a.m.-5 p.m., Monday-Friday. A representative will investigate to correct any errors and inform you of the result as soon as possible.

Which hospitals participate with HNE?

Please visit healthnewengland.com or call Member Services at 413-787-4004 or 800-310-2835 for the most updated list of names and locations of our plan and affiliated hospitals. An affiliated hospital is a specialty hospital located outside our service area that provides service to HNE members. (See the Plan Overview section for a list of these providers.) Make sure your doctor gets HNE’s prior approval before referring you to these affiliated hospitals.

To what age can my dependents be covered?

In general, we cover your dependents to age 19 or, if enrolled as full-time students, to age 26. Your employer may change these age limitations.

What services are not covered by Health New England?

Below is a summary. Your membership materials include a more complete listing of benefits, exclusions and limitations.

- Care by out-of-plan providers, except in emergencies or when pre-authorized by the plan.

- Cosmetic surgery or procedures.
- Custodial or domiciliary care.
- Dental services, except as described previously in this brochure.
- Experimental medical and surgical procedures.
- Hospitalization for oral surgery related to dental conditions.
- Non-prescription drugs.
- Reversal of voluntary sterilization and any subsequent treatment for restoration of fertility.
- Services provided under Chapter 766 of the Acts of 1972.
- Services required by third parties (e.g., school, camp, work physical).
- Blood and blood products.
- Eyeglasses.
- Orthotics.

How can I obtain information on a provider?

Contact the Massachusetts Board of Registration in Medicine at 617-727-3086 for a Physicians Profile that can be mailed or faxed. You can get as many as 10 different profiles per call. Or, visit them at massmedboard.org.

Special Enrollment Rights:

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Important Note:

By enrolling in the plan, or receiving benefits or coverage under the plan, you agree to accept all of the plan terms, which we describe in your member agreement.

Utilization Management

The heart of our business is providing access to the care you need — promoting appropriate use of health services while striving to meet and exceed your expectations. A critical factor toward meeting those objectives is a program we call “Utilization Management.”

Purpose

Through this program, we gather information on treatment and services and review certain claims to determine if they are *covered benefits* and whether treatment and services are *medically necessary* and *appropriate*. Our medical director oversees the process and supervises all activities.

How it Works

We use nationally recognized guidelines and resources, such as Managed Care Appropriateness Protocol, which measure the intensity of service along with the severity of illness or disease. If we delegate certain functions to other provider groups, we approve any criteria they use. In all cases, we base decisions on whether treatment and services are medically necessary and appropriate.

Our evaluation involves a number of components:

- **Precertification/Preauthorization** — We collect information from doctors and members before they begin an inpatient hospital stay or undergo certain selected outpatient procedures and services. This allows us to determine eligibility and coverage in advance and establish open, honest communications with members and their doctors. It also makes it easier to coordinate transition to the next level of care. For example, we may elect

to move members into programs for chronic diseases such as asthma; register them for a prenatal program; or initiate case management for complex situations. We make this decision based on the information available at the time service is requested.

- **Concurrent review** — We visit providers and facilities (or speak with appropriate staff on the phone) to help determine whether services are covered and medically necessary; identify case management opportunities; and begin to plan discharge.
- **Discharge planning** — We help coordinate a member's transition from the inpatient setting to the next level of care.
- **Retrospective review** — After members have received care, we may visit providers and facilities (or speak with appropriate staff on the phone) to determine whether services are covered and medically necessary. We base our determination on whether they received treatment and services appropriate for their needs at the time of service.

Making the Decision

If we determine that a service is not covered or medically necessary, the service may not be approved and could be denied. Only our medical directors make decisions to deny coverage for reasons of medical necessity. We notify members and providers in writing and include information about the reasons for the determination (including the clinical rationale); how to initiate an appeal; and the clinical review criteria used in the decision.

HNE does not:

- pay employees, providers, or others involved in utilization management for denials of coverage or service.
- use incentives to reward inappropriate restrictions of care.

Privacy Practices

Health New England is committed to protecting your privacy at all times and in all settings. We keep members' protected health information (PHI) confidential according to our policies and state and federal law, including the Health Insurance Portability and Accountability Act (HIPAA). HNE's Notice of Privacy Practices contains more detailed information about HNE's policies and practices regarding the collection, use and disclosure of your protected health information and sets forth your rights with respect to your information. A complete copy of HNE's Notice of Privacy Practices is available to you upon request.

How does HNE protect my personal health information?

HNE has a detailed policy on confidentiality that applies to all oral, written and electronic information that we have about you. All HNE employees are required to protect the confidentiality of your PHI. An employee may only access, use or disclose your information when they have an appropriate reason to do so. Each employee or temporary employee must sign a statement that he or she has read and understands the policy. On an annual basis, HNE will send a notice to employees to remind them of this policy. Any employee who violates the policy is subject to discipline, up to and including dismissal. If you would like a copy of HNE's Privacy Policy, you may request a copy from HNE Member Services. In addition, HNE includes confidentiality provisions in all of its contracts with Plan Providers. HNE also maintains physical, electronic, and procedural safeguards to protect your information.

How does HNE use and disclose my protected health information?

HIPAA and other laws allow or require us to use or disclose your PHI for many different reasons. HNE uses and discloses your information in a number of different ways in connection with your treatment, the payment for your health care, and our health care operations, including our quality and utilization management activities. We can also disclose your information to providers and other health plans that have a relationship with you, for *their* treatment, payment and some limited health care operations. In addition to treatment, payment and health care operations, federal law allows or requires us to use or disclose your protected health information for several other purposes, such as for public health activities, or when we are required by law to disclose the information. We do not need your authorization for these purposes.

For other uses and disclosures of your information, we must obtain your written authorization. A written

authorization request will, among other things, specify the purpose of the requested disclosure, the persons or class of persons to whom the information may be given, and an expiration date for the authorization. If you do provide a written authorization, you generally have the right to revoke it.

Will HNE disclose my personal health information to anyone outside of HNE?

HNE may share your protected health information with affiliates and third party "business associates" (such as consultants and auditors) that perform various activities for us or on our behalf. Whenever such an arrangement involves the use or disclosure of your protected health information, we will have a written contract that contains terms designed to protect the privacy of your protected health information.

Will HNE disclose my personal health information to my employer?

In general, HNE will only release to your employer enrollment and disenrollment information, information that has been de-identified so that your employer can not identify you or summary health information. If your employer would like more specific PHI about you to perform plan administration functions, we will either get your written authorization or we will ask your employer to certify that they have established procedures in their group health plan for protecting your PHI.

Can I get a copy of my medical records?

HNE does not provide medical care. Members receive care and treatment from providers based in their own facilities. Under Massachusetts law, you have a right to obtain a copy of your medical records. To obtain a copy, contact your health care provider directly.

You also have the right to see and get a copy of some of the records that HNE maintains, such as your enrollment, payment, claims, case or medical management records and any other records that HNE uses to make decisions about you. Requests for access to copies of these records must be in writing and sent to the attention of the HNE Legal Department. Please provide us with the specific information we need to fulfill your request. We reserve the right to charge a reasonable fee for the cost of producing and mailing the copies.